

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AM</i>		5/10/01
O.I.P.E. CLASSIFIER		48	5/31/01
FORMALITY REVIEW	<i>H.L.</i>	1079	06/30/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	20/10/01
2	21/10/01
3	22/10/01
4	23/10/01
5	24/10/01
6	25/10/01
7	26/10/01
8	27/10/01
9	28/10/01
10	29/10/01
11	30/10/01
12	31/10/01
13	01/11/01
14	02/11/01
15	03/11/01
16	04/11/01
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21	09/11/01
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41	29/11/01
42	30/11/01
43	01/12/01
44	02/12/01
45	03/12/01
46	04/12/01
47	05/12/01
48	06/12/01
49	07/12/01
50	08/12/01

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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